

Exhibit A

Delaware

Page 1

The First State

CERTIFICATE

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE DO HEREBY CERTIFY THAT THE ABOVE AND FOREGOING ARE THE TRUE
AND CORRECT COPIES OF ALL FINANCING STATEMENTS, LAPSED FINANCING
STATEMENTS AND/OR ANY UCC3'S FILED IN THE OFFICE OF UNIFORM
COMMERCIAL CODE WITH DEBTOR "SOCLEAN, INC. " .*


Jeffrey W. Bullock, Secretary of State

20257108189-UCCXP
SR# 20242683178

Authentication: 203601367
Date: 05-31-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
F-2701300 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: DE Secretary Of State

Delaware Department of State
U.C.C. Filing Section
Filed: 11:16 AM 11/19/2021
U.C.C. Initial Filing No: 2019 1200133
Amendment No: 2021 9407884
Service Request No: 20213849600

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
2019 1200133 2/20/2019

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ **PARTY INFORMATION CHANGE:**

Check one of these two boxes:AND Check one of these three boxes to:This Change affects ☐ Debtor or ☐ Secured Party of record☐ CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c☐ ADD name: Complete item 7a or 7b, and item 7c☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME **SoClean, Inc.**

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8. ☒ **COLLATERAL CHANGE:** Also check one of these four boxes: ☒ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

Any and all commercial tort claims in connection with and arising from the following cases: (i) SoClean, Inc. v. Sunset Healthcare Solutions, Inc., Case No. 1:20-cv-10351-IT (D. Mass.); (ii) SoClean, Inc. v. Sunset Healthcare Solutions, Inc., Case No. 1:21-cv-10131-IT (D. Mass.); (iii) SoClean, Inc. v. Does 1-394, Case No. 1:21-cv-03954 (N.D. Ill.); (iv) SoClean, Inc. v. ResPlabs Medical USA, Inc. et al., Case No. 1:21-cv-03422 (N.D. Ill.); (v) 3B Medical, Inc. v. SoClean, Inc., Case No.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a **DEBTOR**, check here ☐ and provide name of authorizing Debtor9a. ORGANIZATION'S NAME **White Oak Healthcare Finance, LLC, as Agent**

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA:** Delaware Secretary of State - SoClean, Inc.
2071526.007

258253-1

International Association of Commercial Administrators (IACA)

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
2019 1200133 2/20/2019

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

White Oak Healthcare Finance, LLC, as Agent

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

1:19-cv-03545-VM (S.D.N.Y.); and (vi) Koninklijke Philips N.V. et al., Case No. 1:21-cv-11662-NMG (D. Mass.), and all proceeds thereof.

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
 (if Debtor does not have a record interest):

17. Description of real estate:

18. MISCELLANEOUS:

SoClean, Inc. 2071526.0007

International Association of Commercial Administrators (IACA)

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFILING@CSCGLOBAL.COM	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
CSC	
801 ADLAI STEVENSON DRI	
SPRINGFIELD, IL 62703	
US	

Delaware Department of State
U.C.C. Filing Section
Filed: 05:12 PM 06/16/2022
U.C.C. Initial Filing No: 2019 1200133
Amendment No: 2022 5087119
Service Request No: 20222751270

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
20191200133

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ **PARTY INFORMATION CHANGE:**

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record

☐ CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c

☐ ADD name: Complete item 7a or 7b, and item 7c

☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8. ☒ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☒ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

All assets of the debtor, now owned or hereafter acquired, wherever located, including any and all commercial tort claims in connection with or arising from the following cases (as the same may be transferred, removed, consolidated or appealed): (i) SoClean, Inc. v. Sunset Healthcare Solutions, Inc., Case No. 1:20-cv-10351-IT (D. Mass.); (ii) SoClean, Inc. v. Sunset Healthcare Solutions, Inc., Case No. 1:21-cv-10131-IT (D. Mass.); (iii) SoClean, Inc. v. Resplabs Medical USA, Inc. et al., Case No. 1:21-cv-03422 (N.D. Ill.); (iv) SoClean, Inc. v. Does 1-394, Case No. 1:21-cv-03954 (N.D. Ill.); (v) SoClean, Inc. v. Koninklijke Philips N.V. et al., Case No.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a **DEBTOR**, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

WHITE OAK HEALTHCARE FINANCE, LLC, AS AGENT

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA:**

DEBTOR: SOCLEAN, INC.:748720-1

International Association of Commercial Administrators

UCC FINANCING STATEMENT AMENDMENT ADDENDUM**FOLLOW INSTRUCTIONS**

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
20191200133

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

WHITE OAK HEALTHCARE FINANCE, LLC, AS AGENT

OR
 12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

OR
 13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

1:21-cv-11662-NBG (D. Mass.); SoClean, Inc. v. Koninklijke Philips N.V. et al., Case No. 2:22-cv-00542-JFC (W.D.Pa.); (vi) 3B Medical, Inc. v. SoClean, Inc., Case No. 1:19-cv-03545-VM (S.D.N.Y.) (with respect to any counterclaims asserted as commercial tort claims); (vii) In re: SoClean, Inc., Marketing, Sales Practices & Products Liability Litigation, Case No. 1:22-mc-00152-JFC (W.D. Pa.) and Multidistrict Litigation Case No. MDL 3021 (with respect to any claims asserted as commercial tort claims), and all proceeds thereof.

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
 (if Debtor does not have a record interest):

17. Description of real estate:

18. MISCELLANEOUS: